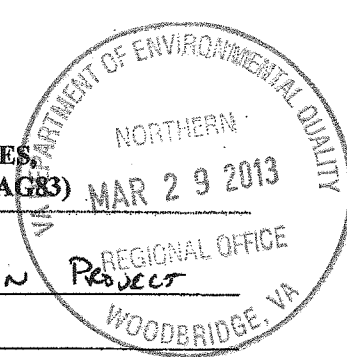


**VPDES GENERAL PERMIT REGISTRATION STATEMENT
FOR DISCHARGES FROM PETROLEUM CONTAMINATED SITES,
GROUNDWATER REMEDIATION AND HYDROSTATIC TESTS (VAG83)**



Please Type or Print All Information

1. Legal Name of Facility CORBALIS TO FOX MILL 54" WATERMAIN PROJECT
2. Facility Address or Location 12251 FAIRFAX COUNTY PARKWAY
City RESTON State VA Zip 20190
Phone 571-292-0332 Email Address jmarcantoni@scitunneling.com
3. Facility Owner Name Southland Contracting Inc
Owner Address 12251 FAIRFAX COUNTY PARKWAY
City RESTON State VA Zip 20190
Phone 571-292-0332 Email Address jmarcantoni@scitunneling.com
4. Nature of the business conducted at the facility WATERMAIN INSTALLATION BY TUNNELING
5. Type of petroleum or natural gas products, or chlorinated hydrocarbon solvents causing or that caused the contamination MACHINE OIL, GREASE, HYDRAULIC OIL, MOTOR OIL, + GEAR OIL
6. Which activities will result in a point source discharge from the site? (Check all that apply - See Instructions)
☐ Aquifer Tests to Characterize Site Conditions
☐ Pumping Contaminated Groundwater to Remove Free Product From The Ground
☐ Other Petroleum Product or Chlorinated Hydrocarbon Solvent Cleanup Activity
(specify the activities) X OTHER: DEWATERING EXCAVATION AND CITY SUPPLIED WATER USED FOR MINE EQUIPMENT COOLING.
7. Has a site characterization report for this site been submitted to the Department of Environmental Quality?
Yes ☐ No ☒ N/A ☐
8. Characterize or describe the wastewater to be discharged including the types of contaminants present in the wastewater (Please attach analytical data) DISCHARGE WATER AS INDICATED IN OUR MONTHLY SAMPLE ANALYSIS OF WATER DISCHARGED
9. Identify the discharge point and the waterbody into which the discharge will occur. For linear projects, identify the location of all the proposed discharge points along the project length and the associated waterbody for each discharge point (Attach additional sheets if necessary) AT PROJECT SITE INTO CULVERT THAT RUNS UNDER ROUTE 286 INTO SOGARLAND RUN STREAM
10. How often will the discharge occur (e.g., daily, monthly, continuously)? CONTINUOUSLY
11. Estimate how long each discharge will last: 18 hours or days MONTHS
12. Estimate total volume of wastewater to be discharged: Approx 8 million Gal.

13. Estimate maximum flow rate of the discharge: 15,000 Gal/day.
14. Attach a diagram of the proposed wastewater treatment system identifying the individual treatment units.
15. Attach a USGS 7.5 minute topographic map or equivalent computer generated map which indicates the receiving waterbody name(s), the discharge point(s), the property boundaries, as well as springs, other surface waterbodies, drinking water wells, and public water supplies, which are identified in the public record or are otherwise known to the applicant, within a 1/2 mile radius of the proposed discharge(s).
16. Will the facility discharge to a municipal separate storm sewer system (MS4)? Yes _____ No X
If "Yes", list the name of the MS4 owner (see instructions) _____
17. Are central wastewater treatment facilities available to this site? Yes X No _____
If "Yes", has the option of discharging to the central facilities been evaluated? Yes X No _____
If "Yes", what was the result of that evaluation? A Discharge NOT ALLOWED BY SAICUL ISLAM PHD WITH DEPT OF WASTEWATER PLANNING + Monitoring
18. Does this facility currently have a permit issued by the Board? Yes _____ No X
If "Yes", please provide permit number: _____
19. Pollution Complaint Number(s) (if applicable) N/A
20. Is the material being treated or discharged classified as a hazardous waste under the Virginia Hazardous Waste Regulation, 9 VAC 20-60? Yes _____ No X
21. Certification:

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations. I do also hereby grant duly authorized agents of the Department of Environmental Quality, upon presentation of credentials, permission to enter the property for the purpose of determining the suitability of the general permit.

Signature: John Marcantonio Date: 3/28/13
Print Name: JOHN MARCANTONIO
Title: PROJECT MANAGER

REQUIRED ATTACHMENTS

- Wastewater Characterization Analytical Data
- Treatment Works Design Schematic Drawing
- Topographic or Computer Generated Map

For Department Use Only:

Waterbody _____
Basin _____ Stream Class _____ Section _____
Special Standards _____

VAG830391

NOTE

Topographic map and system schematic were submitted with a Registration Statement received on 7 March 2011 for issuance of a discharge permit for this project.

These documents were uploaded to DEQ's Enterprise Content Management system.

There have been no updates to any of the aforementioned documents.